

Vermont Mental Health Performance Indicator Project

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MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani, Monica Simon, and Janet Bramley

DATE: February 9, 2001

RE: Access to Child and Adolescent Mental Health Services:
Specified Target Populations

Last week's PIP provided service utilization rates for Child and Adolescent Mental Health Programs statewide and for each of Vermont's ten community service areas for age and gender groups. This week's PIP provides service utilization rates for people in specified target groups for the Child and Adolescent Mental Health Programs statewide and for each of Vermont's ten community service areas. Both reports are in response to PIP Advisory Group Recommendations Regarding Measures of Access to Care (available on line at www.state.vt.us/dmh, click on Data and then on Performance Indicator project). The five special populations under examination include children and adolescents:

- with a severe emotional disturbance,
- recently hospitalized for behavioral health care,
- on the state Social and Rehabilitation Services (SRS) Caseload,
- on an Individualized Education Plan (IEP)
- for an Emotional-Behavioral Disability (EBD)
- and children and adolescents who were Medicaid eligible.

In each case, the number of children and adolescents in the specified target population who received mental health services was compared to the number of children or adolescents in this target group who reside in the region and the result is expressed as a percent. (For more detail, see the Methodological Note at the end of this memo.) As in the previous PIPs on utilization rates, the results are presented in tabular, kite diagram, and report card formats. In the kite diagrams, utilization rates for each region are compared to the statewide utilization rate for each category. In the report card format, utilization rates for each special population in each region are compared to the statewide utilization rate for each special population using an odds ratio. A difference of 20% or greater is interpreted as indicating a substantial difference.

As you will see, young people in these five special populations used community mental health services at very different rates. Young people with a recent episode of hospitalization for behavioral health care had the highest utilization rate. Statewide, almost

half (46%) of all children and adolescents with a recent hospitalization were served by a community mental health center during 1999. (The proportion for adults was 34%.) This utilization rate varied from more than 88% in Addison County to 16% in Lamoille County. The second highest special population utilization rate (40%) was the rate at which the community mental health programs served young people on an Individualized Educational Plan for an Emotional-Behavioral Disability in their local school. The EBD rates varied at the local level from 62% in Addison to less than 15% in Lamoille County. The rate at which the community mental health programs served young people on the SRS caseload ranked third at 32%. The SRS utilization rates varied from 50% in Addison and 49% in Washington County to 22% in Lamoille County and 23% in Orange County. Statewide, 15% of the estimated number of young people in the 9-17 age group who had a severe emotional disturbance were served by their local Child and Adolescent Mental Health program. The proportion of these young people receiving services varied from 24% in Bennington to 3% in Lamoille. Finally, the percent of all Medicaid eligible children and adolescents who were served by these community mental health programs varied from 16% in Addison to 3% in Lamoille, averaging 10% statewide.

We believe that the utilization rates presented here, in combination with the utilization rates presented last week provide a very powerful measure of the accessibility of Child and Adolescent Mental Health Programs to members of the general population and to members of the special populations that were identified by the PIP Advisory Group. We will be very interested in learning if and how people use these data in their work. As always, we look forward to hearing from you at jpandiani@ddmhs.state.vt.us, or 802-241-2638.

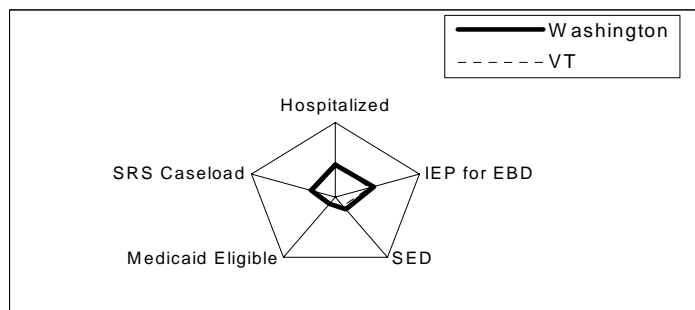
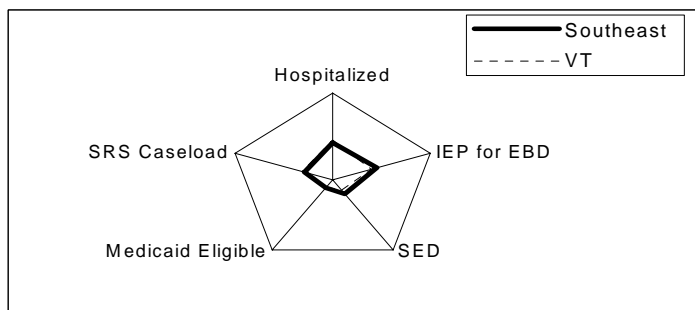
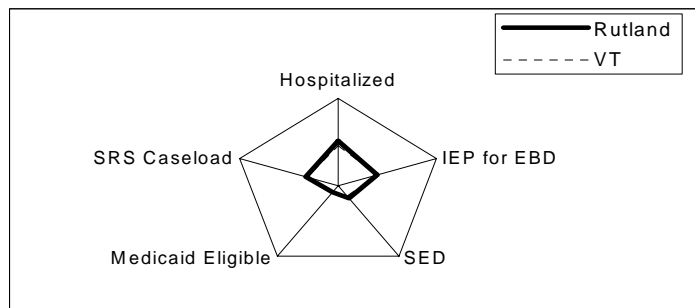
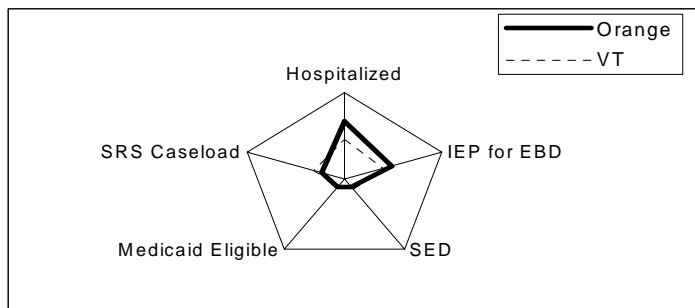
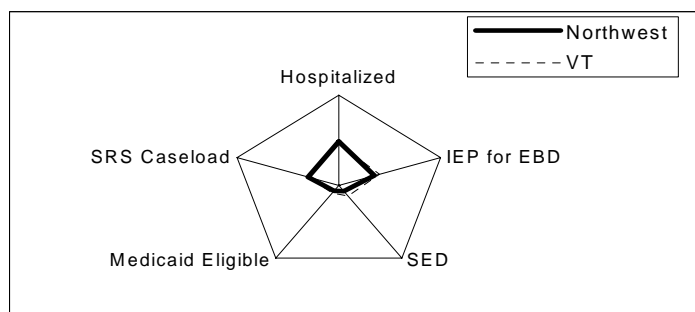
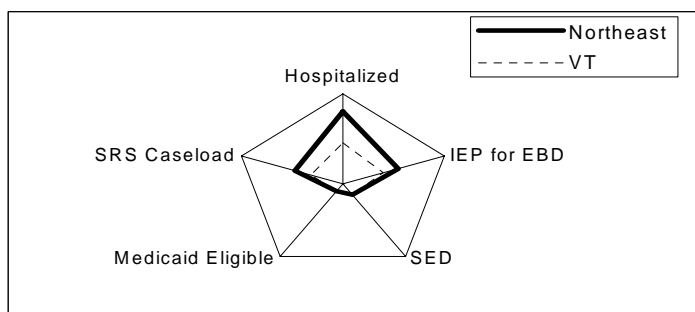
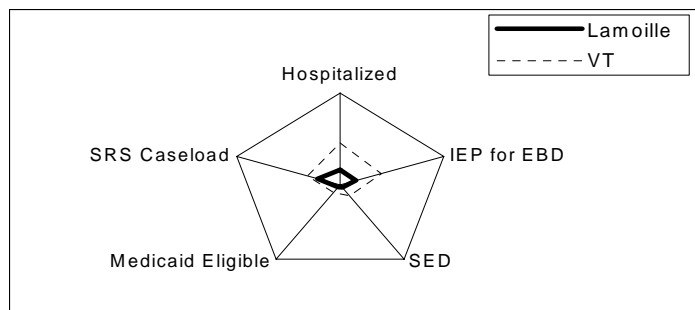
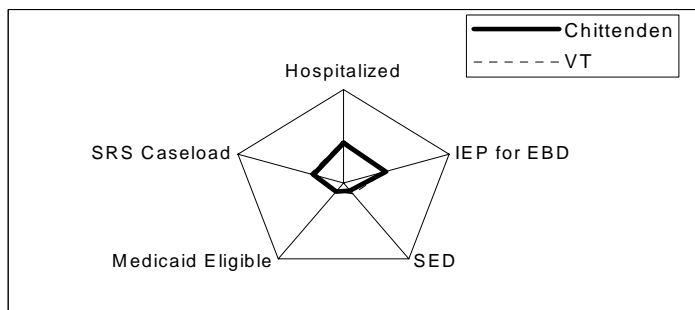
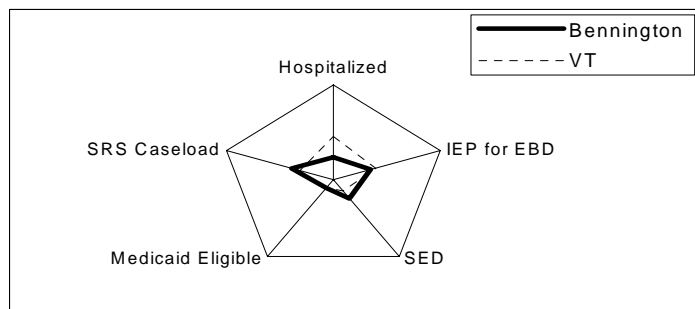
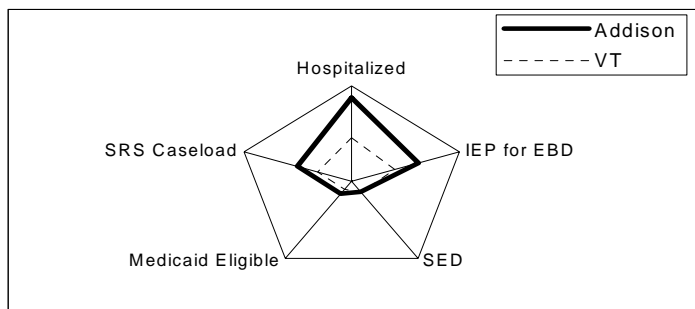
ACCESS TO CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

PEOPLE IN SPECIAL POPULATIONS, VERMONT: FY 1999

| Region/Provider | | SRS Caseload | Severe Emotional Disorder | Hospitalized for Behavioral Health Care | IEP for EBD | Medicaid Eligible |
|-----------------|----------|-----------------|---------------------------------|---|----------------|----------------------|
| Addison | - CSAC | Population | 149 ± 3 | 444 | 8 ± 0.3 | 2,821 |
| | | Number Served | 75 ± 5 | 62 | 7 ± 0.3 | 461 |
| | | Percent Served | 50% ± 3% | 14% | 88% ± 6% | 16% |
| Bennington | - UCS | Population | 255 ± 5 | 485 | 15 ± 0 | 2,907 |
| | | Number Served | 99 ± 7 | 118 | 4 ± 1.4 | 308 |
| | | Percent Served | 39% ± 3% | 24% | 24% ± 9% | 11% |
| Chittenden | - HCHS | Population | 735 ± 12 | 1,633 | 15 ± 0 | 7,577 |
| | | Number Served | 209 ± 18 | 160 | 6 ± 2 | 854 |
| | | Percent Served | 28% ± 2% | 10% | 43% ± 11% | 11% |
| Lamoille | - LCMHS | Population | 97 ± 2 | 292 | 6 ± 0.3 | 2,967 |
| | | Number Served | 21 ± 2 | 10 | 1 ± 0.4 | 93 |
| | | Percent Served | 22% ± 2% | 3% | 16% ± 7% | 3% |
| Northeast | -NEK | Population | 303 ± 5 | 857 | 16 ± 0.5 | 7,317 |
| | | Number Served | 143 ± 9 | 130 | 13 ± 1 | 754 |
| | | Percent Served | 47% ± 3% | 15% | 81% ± 6% | 10% |
| Northwest | -NCSS | Population | 310 ± 5 | 750 | 4 ± 0.3 | 5,187 |
| | | Number Served | 94 ± 7 | 63 | 2 ± 0.6 | 401 |
| | | Percent Served | 30% ± 2% | 8% | 49% ± 14% | 8% |
| Orange | - CMC | Population | 180 ± 3 | 506 | 3 ± 0.2 | 3,316 |
| | | Number Served | 42 ± 5 | 57 | 2 ± 0.2 | 388 |
| | | Percent Served | 23% ± 3% | 11% | 67% ± 8% | 12% |
| Rutland | -RACS | Population | 250 ± 4 | 795 | 21 ± 1 | 5,273 |
| | | Number Served | 82 ± 8 | 140 | 11 ± 1 | 497 |
| | | Percent Served | 33% ± 3% | 18% | 51% ± 6% | 9% |
| Southeast | - HCRSSV | Population | 397 ± 6 | 1,650 | 73 ± 2 | 7,361 |
| | | Number Served | 114 ± 13 | 335 | 31 ± 5 | 825 |
| | | Percent Served | 29% ± 3% | 20% | 43% ± 7% | 11% |
| Washington | - WCMHS | Population | 249 ± 4 | 734 | 10 ± 0 | 4,875 |
| | | Number Served | 122 ± 5 | 122 | 3 ± 0.2 | 407 |
| | | Percent Served | 49% ± 2% | 17% | 30% ± 2% | 8% |
| Statewide | Median | 32% | 15% | 46% | 40% | 10% |

"SRS" is Social Rehabilitation Services, the state child protection and juvenile agency. "EBD" is an emotional-behavioral disability. "IEP" is an Individualized Education Plan

CHILD AND ADOLESCENT MENTAL HEALTH PROGRAMS PER CAPITA UTILIZATION RATES FOR SPECIAL POPULATIONS BY REGION: FY 1999
























































In this presentation, each axis represents the per capita utilization rate for the specified group based on a scale of 0 - 100% per 1,000 population. The intersection of the axis is 0.

Hospitalized includes children under 18 hospitalized for behavioral health care in FY 1998.

SRS is Social Rehabilitation Services, the state child protection and juvenile agency. *EBD* is an emotional-behavioral disability. *IEP* is an Individualized Education Plan

ACCESS TO CHILD AND ADOLESCENT MENTAL HEALTH SERVICES
PEOPLE IN SPECIAL POPULATIONS, VERMONT: FY 1999
Compared to the Statewide Utilization Rate for Specified Population

| Agency | Special Populations | | | | |
|------------|---|---|---|---|---|
| | SRS Caseload | Severe Emotional Disorder | Hospitalized for Behavioral Health Care | IEP for EBD | Medicaid Eligible |
| Addison |  |  |  |  |  |
| Bennington |  |  |  |  |  |
| Chittenden |  |  |  |  |  |
| Lamoille |  |  |  |  |  |
| Northeast |  |  |  |  |  |
| Northwest |  |  |  |  |  |
| Orange |  |  |  |  |  |
| Rutland |  |  |  |  |  |
| Southeast |  |  |  |  |  |
| Washington |  |  |  |  |  |
| Key |  More than average |  No difference |  Less than average | | |

Differences based on effect size as measured by statistical odds ratios where OR > 1.2 is considered greater than average

and OR < .8 is considered less than average

"SRS" is Social Rehabilitation Services, the state child protection and juvenile agency. "EBD" is an emotional-behavioral disability. "IEP" is an Individualized Education Plan

METHODOLOGICAL NOTE

CHILDREN AND ADOLESCENTS WITH A SEVERE EMOTIONAL DISTURBANCE: Utilization rates are based on a comparison of the estimated number of young people aged 9 – 17 with serious mental illness who reside in each service area with the number of young people with a severe emotional disturbance in this same age group who were served by each community mental health program. The estimate of the prevalence of severe emotional disturbance is based on procedures published in the Federal Register on July 17, 1998 for estimating the number of young people in the 9-17 age group who have a severe emotional disturbance using the 10% estimate. The number of young people with a severe emotional disturbance who were served is the number of people served by the Child and Adolescent Programs during 1999 who had a Global Assessment of Functioning (GAF) score of 50 or less.

CHILDREN AND ADOLESCENTS RECENTLY HOSPITALIZED FOR BEHAVIORAL HEALTH CARE: Utilization rates were determined by analyzing the relationship between two data sets. The Hospital Discharge Data Set (maintained by the Vermont Department of Health) provided an anonymous record of all episodes of hospitalization with a major diagnostic category (MDC) of mental health or substance abuse for 1998. The Monthly Service Report Data set (maintained by the Vermont Department of Developmental and Mental Health Services) provided anonymous records for all individuals served by Child and Adolescent Mental Health Programs in Vermont during 1999. Probabilistic Population Estimation was used to determine the number of people represented in each data set and the number of people shared by the two data sets. The rate of utilization of community mental health programs by people who had been recently hospitalized is determined by dividing the number of people represented in both data sets by the total number of people represented in the hospitalization data set.

CHILDREN AND ADOLESCENTS ON THE STATE SRS (SOCIAL AND REHABILITATION SERVICES) CASELOAD: Utilization rates for young people on the caseload of SRS, the state child protection and juvenile justice agency, were determined by analyzing the relationship between the community mental health treatment data set described above and a data set with records of individuals on the state SRS caseload for 1999. This data set was provided to the Performance Indicator project by SRS. As described above, the rate of utilization of community mental health programs by young people in this special population was determined by dividing the number of young people represented in both data sets by the total number of young people represented in the SRS data set.

CHILDREN AND ADOLESCENTS ON AN IEP (INDIVIDUALIZED EDUCATION PLAN) FOR EBD (Emotional-Behavioral Disability): Utilization rates for young people receiving special education services at their local school for an Emotional-Behavioral Disability who were also clients of Child and Adolescent Mental Health Programs were determined by analyzing the relationship between the community mental health treatment data set described above and a data set with records of individuals on an IEP for EBD during 1999. This data set was provided to the Performance Indicator Project by the Vermont Department of Education. As described above, the rate of utilization of community mental health programs by young people in this special population was determined by dividing the number of young people represented in both data sets by the total number of young people represented in the special education data set.

CHILDREN AND ADOLESCENTS WHO WERE MEDICAID ELIGIBLE: Utilization rates are based on a comparison of the total number of Medicaid enrollees under 18 years of age (from Vermont's EDS Medicaid database) with the number of young people on the Child and Adolescent Mental Health Caseload who were covered by Medicaid (from the "responsible for fee" field in the Monthly Service Reports).